

# Certification of Documentation

For Test Takers Whose Primary Language Is Not English



Payment by credit or debit card, see the address information on page 12 of this Bulletin.

If you have previously registered and your request for accommodations has been approved by ETS, you need to submit the Eligibility Form on page 39. See "If Your Primary Language Is Not English" on page 12 for more information.

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL AND SENT TO ETS WITH THE TEST TAKER'S ELIGIBILITY FORM, REGISTRATION FORM, AND TEST FEES. **DO NOT MAIL THIS FORM SEPARATELY TO ETS.** Incomplete documentation will not be processed and will be returned to you. You will have to resubmit all appropriate forms for a future test administration.

**Complete and sign. Cross out material within brackets that does not apply.**

1. I, \_\_\_\_\_, am [a qualified ESL teacher/coordinator, foreign language department supervisor/chairperson, or other appropriate professional (specify) \_\_\_\_\_] at \_\_\_\_\_ . I have held that position since \_\_\_\_\_ .  
(Name of Institution) (Date)
2. I have worked with and/or reviewed pertinent documentation about \_\_\_\_\_ .  
(Print Name of Test Taker)  
I certify that English is not the test taker's primary language. The test taker's primary language is \_\_\_\_\_ .
3. The test taker is taking one or more *Praxis* tests to meet the requirements of \_\_\_\_\_ .  
(Institution/State/Agency)  
The score recipient code is \_\_\_\_\_ .
4. In the event Educational Testing Service (ETS) requests a copy of the documentation described above, I promise to send ETS, for its consideration, any information pertinent to establishing the need for these accommodations (pursuant to the test taker's permission on the Eligibility Form) sufficiently in advance of the test administration date in question to permit complete processing.

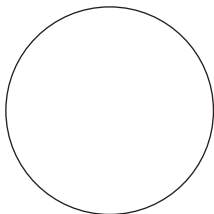
\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

**Attach Business Card OR School Seal OR School Stamp Below**

Business Card

School Seal or School Stamp



\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone and/or TDD/TTY Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

\* Must be original signature. Photocopy of signature or stamped signature will not be accepted. A business card or school seal or school stamp must be affixed to this form.